



Georgia Firefighters' Pension Fund

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Web Site: www.gfpf.org

Refund Request

This form is to be used to request a refund of dues paid.

PENSION OFFICE AUDIT

OFFICE USE ONLY

Date _____ Amount _____
 Check No. _____ 5% Fee _____
 By _____ Balance _____
 Approved: _____

REFUNDS ARE NOT REPORTED TO THE IRS AS INCOME

Member Info	(Please Print) Member No: _____ or Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	I am leaving the Georgia Fire Service: Yes No Phone(H): _____ Phone(C): _____
Current Dues Paid By	(Select Only One) _____ Member
	_____ Payroll Deductions - Please have your Payroll department complete the following: I hereby certify that no more dues will be paid to the Georgia Firefighters' Pension Fund for the above member as of _____ / _____ / _____ month day year _____ Signature of Finance Officer Date
	_____ Fire Department or Station - Please have Fire Department or Station complete the following: I hereby certify that no more dues will be paid to the Georgia Firefighters' Pension Fund for the above member as of _____ / _____ / _____ month day year _____ Signature of Dues Collection Officer Date

As provided in O.C.G.A. Title 47, Chapter 7, I hereby withdraw from membership in the Georgia Firefighters' Pension Fund and I hereby make application for the return of my contributions and/or dues accumulated to my credit in the Georgia Firefighters' Pension Fund and in accordance with all laws that are in force as of the above date.

In consideration of the return of such amount, I do hereby waive for myself, my heirs and assigns, all my right, title and interest to any and all benefits for prior service under the Georgia Firefighters' Pension Fund. I am aware that should I again become a member of the Georgia Firefighters' Pension Fund that none of my prior service can be restored and that I would be required to pay a reinstatement fee of \$100.00.

Sworn to and subscribed before me

this _____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

Signature of Member

Print Name of Member

Must Submit Original Forms, Fax Copies Not Accepted